

NAME-BASED CRIMINAL HISTORY RECORD INFORMATION CONSENT/INQUIRY FORM

I hereby authorize _____ to conduct an inquiry for the purpose(s) listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Full Name: _____
(First Name) (Last Name) (M.I.)

Address: _____

City: _____ State: _____ Zip Code: _____

Sex: _____ Race: _____ Date of Birth: ____/____/____ SSN: _____

- This authorization is valid for _____ days from date of signature.
- I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

 Signature Date ____/____/____

 Attorney for Individual (Purpose E and U Only) Bar Number Date ____/____/____

.....
 Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> E - Employment | <input type="checkbox"/> P - Public Records |
| <input type="checkbox"/> J - Civilian Criminal Justice Employment
(State & Ill Info Received) | <input type="checkbox"/> U - Personal Copy |
| <input type="checkbox"/> M - Working with Mentally Disabled | <input type="checkbox"/> W - Working with Children |
| <input type="checkbox"/> N - Working with Elderly | <input type="checkbox"/> Z - Sworn Criminal Justice Employment
(State & Ill Info Received) |

The Inquiry resulted in the following: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> No Criminal Record Available | <input type="checkbox"/> No NCIC/GCIC Warrant |
| <input type="checkbox"/> Criminal Record (Attached/Released) | <input type="checkbox"/> Possible NCIC/GCIC Warrant
(List Wanting Agency Below) |

Wanting Agency Name: _____

Wanting Agency Telephone: _____

 Agency Designee Signature and Title Date ____/____/____